

APPLICATION FOR PERMIT
HEATING - VENTILATING - AIR CONDITIONING

COUNTY OF LOS ANGELES 3637m 6-10-80 BUILDING AND SAFETY

1

FOR APPLICANT TO FILL IN (PRINT OR TYPE ONLY)			BUILDING ADDRESS	
NO.	TYPE OF APPLIANCE OR EQUIPMENT	FEE	22333-1 HARBOR RIDGE	
	ABSORPTION UNIT, BTU _____		LOCALITY TORRANCE	
	AIR HANDLING UNIT, CFM _____		NEAREST CROSS ST. T. 34176 L. 83	
	BOILER, BTU _____		OWNER W & B	
1	COMPRESSOR, BTU 36,000	10 00	MAIL ADDRESS 1666 W. 9th St.	
	VENTILATION SYSTEM		CITY Santa Monica TEL. NO.	
	EVAPORATIVE COOLER		CONTRACTOR Safeway Heating	
	FURNACE: FAU _____ GRAVITY _____		ADDRESS 13608 Imperial	
	FLOOR _____ BTU _____		CITY Santa Fe Springs NO. 921-663	
	HEATER: SUSPENDED _____ UNIT _____		STATE LICENSE NO. 142934 LIC. CLASS C-36	
	WALL _____		APPROVALS DATE INSPECTOR'S SIGNATURE	
			ROUGH	
			FINAL 12/12/80 [Signature]	
			INSPECTION RECORD	
Plan check fee 25% of above.				
PERMIT ISSUING FEE \$		7 00		
TOTAL FEE		17 00		
PLAN CHECK APPLICANT			PLAN CHECK VALIDATION	
NAME				
ADDRESS				
CITY TEL. NO.				
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING HEATING, VENTILATING, AIR CONDITIONING.			PERMIT VALIDATION	
I HEREBY CERTIFY THAT I AM NOT ACTING IN VIOLATION OF CHAPTER 9, DIVISION 3, OF THE BUSINESS AND PROFESSIONAL CODE OF THE STATE OF CALIFORNIA.				
SIGNATURE OF PERMITTEE			8973A	
DISTRICT NO. 12-00			# --- 41	
PROCESSED BY [Signature]			17.00	
			17.00 CH	
			D6-12-80	

INSPECTOR COPY